

OWNER OF ANIMAL: _____ **DATE:** _____

3. Pre-anesthetic Blood Testing- We can run a screening test in house on younger animals that only takes 5 min. Or we can use an off-site laboratory to run a very thorough test of approximately 35 different things, including a CBC for anemia and white blood cell problems, testing for liver, kidney, electrolyte problems, diabetes, thyroid levels and many other things.

This full blood panel is required for animals 7 years or older.

In house panel (optional test if under the age of 7) yes _____ no _____

Full panel at lab (price depending on panel run, required if 7 yrs or older) yes _____ no _____

4. Antibiotic Injection – Our procedure includes an antibiotic injection during the surgery. For your convenience, we now give a single injection of convenia, an antibiotic, that will last for 14 days. You will not have to give the oral antibiotic at home making it easier for you and less stressful for you cat.

5. Elizabethan collar-This is the lamp-shade looking device that goes on your pets neck to help prevent licking/chewing of the incision site. Not all pets need this but it is handy to have available in case your pet starts doing this at a time when you can not come by to purchase one.

yes _____ no _____

6. Yesterday's News – This is a replacement litter that we recommend after a declaw. It is made from recycled newspaper and is pelletized so to feel like clay litter. We suggest this so the clay does not get stuck in the cat's fingertips after the declaw.

5lb bag yes _____ no _____

7. Microchip-Although this can be installed any time, it involves a fairly large needle so if done while your pet is under anesthesia and already getting pain medication the procedure is more comfortable. Our microchip includes lifelong registration. If your pet is chipped today while under anesthesia there is a \$10.00 saving.

Chip yes _____ no _____

8. Sedatives for home – In order to keep your pet calmer during the 2 week recuperation period we can send home sedatives. yes _____ no _____

_____ I certify that I own the above described animal and authorize the Animal Hospital of Newport Hills to hospitalize said animal. During this time they may administer vaccinations, medication, tests, surgical procedures, anesthetics, or treatments they deem necessary for the health, safety, and well being of my pet while under the care and supervision of the hospital.

_____ I understand that there are inherent risks associated with anesthetic, medical, and surgical procedures, including death. I authorize the doctors of the Animal Hospital of Newport Hills to initiate care to address these complications should they arise while under their care.

_____ In the event of an emergency, the hospital will make every reasonable attempt to contact me so that I am aware of the situation, so that I am involved in medical decisions. I have verified that the contact phone numbers in the chart are correct.

_____ If my pet should injure itself in an escape attempt, refuse food, soil itself, become ill, or die while in the hospital, I will hold the Animal Hospital of Newport Hills and the staff free of all responsibility and/or liability in the absence of gross negligence.

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_____ If I fail to pick up my animal before the Animal Hospital closes, or if it is recommended that my animal stay overnight, I understand that veterinary staffing is not provided overnight and I am aware that my pet will be unattended during this time. I am aware that there are veterinary hospitals open overnight, but I elect to leave my pet at the Newport Hills Animal Hospital instead of pursuing a transfer.

_____ I further realize that I am responsible for payment of all above mentioned procedures/treatments in full at the time of my pet is discharged. If I neglect to pick up the animal within fourteen (14) days of notice that it is ready for release, the Animal Hospital of Newport Hills may assume that the animal has been abandoned per sec. 16.54.010 of the Washington legal code. In such instances, the Animal Hospital is then authorized to dispose (adopt) of my pet as they see fit. Abandonment, however, does not release me of my obligation for payment of said bill.

_____ I further agree that in case of non-payment, to pay a finance charge of 1.5 percent per month (18 percent per annum), a \$2.00 month billing charge and any and all collection and attorney's fees incurred by the Animal Hospital of Newport Hills relating to this manner.

Phone number contact for treatment day: _____

Signature: _____

Please initial each indicated section above.